CALIFORNIA ARTS COUNCIL INVOICE INSTRUCTIONS

CAC-311 is used to invoice for advance payments and progress payments up to 90% of your contract amount. To request a final payment or payment which <u>exceeds</u> 90% of the total contract amount, you must use form number CAC-302, Invoice For Final Payment. **NOTE: Before using, please reproduce this form for your future invoicing for this contract.**

PART A - CONTRACT INFORMATION

Complete all lines requesting information. Please sequentially number your invoices beginning with 1 and place on INVOICE NUMBER line. Check the type of request for which you are invoicing.

PART B - ADVANCE PAYMENT

Complete Part B if you are requesting an advance payment. To calculate your advance payment amount, multiply your total contract dollar amount by 25%. Grantees are not required to take an advance payment.

PART C - PROGRESS PAYMENT

Complete Part C if you:

- Have requested and received an advance payment(s) previously and now are requesting a progress payment.
 NOTE: On payments subsequent to an advance payment, you will also be required to complete Part D indicating how advance(s) were spent.
- 2. Are requesting a progress payment that does not exceed 90% of the contract amount including advance(s).

PLEASE DETAIL ALL EXPENDITURES ON LINE 1, 2, 3, OR 5 AS SHOWN ON THE INVOICE FORM. DO NOT INCLUDE ANY EXPENDITURES THAT WERE FUNDED WITH YOUR 25% ADVANCE(s), (IF APPLICABLE). YOU WILL REPORT THOSE ADVANCE EXPENDITURES IN PART D. THE FOLLOWING LINE ITEM DESCRIPTIONS DEFINE WHAT EXPENDITURES ARE TO BE INCLUDED IN EACH LINE ITEM.

LINE ITEM-DESCRIPTIONS

- 1. **ARTISTIC-SALARIES**: Artistic directors, conductors, curators, composers, choreographers, designers, video artists, filmmakers, painters, poets, authors, sculptors, actors, dancers, musicians, teachers, traditional folk artists, guest artists, artistic residencies, puppeteers, artistic consultants, and artist scholarships (non-travel).
- 2. **ADMINISTRATIVE-SALARIES**: Program and managing director, executive director, general manager, business manager, public relations officer, marketing/development staff, clerical staff, maintenance and security staff, ushers, box office personnel, and administrative consultants.
- 3. **TECHNICAL-SALARIES**: Technical directors, wardrobe, lighting and sound crew, stage managers, stagehands, video and film technicians, technical consultants and peer panel members.
- 4. **SUBTOTAL OF ALL PERSONNEL SALARIES:** Add line 1 + 2 + 3 above and enter salaries subtotal for CAC.
- 5. **OPERATING/PRODUCTION EXPENSES**: Space rental, equipment rental, regranting, supplies, travel (within California), postage, printing, utilities, insurance, and artist scholarships for travel (within California).

ADD LINE ITEMS 4 AND 5 AND PLACE TOTAL FOR CAC ON THE "TOTAL EXPENDITURES" LINE.

PART D - ADVANCE EXPENDITURES

Complete Part D if you received a 25% advance and are now requesting an additional payment. Indicate how the 25% advance was spent. **This is required on each additional payment request.**

IF YOU HAVE QUESTIONS ABOUT HOW TO COMPLETE THIS FORM CALL BARBARA CAMPBELL AT (916) 322-

STATE OF CALIFORNIA INVOICE FOR ADVANCED AND PROGRESS PAYMENTS CAC-311 (New 07/01)

CALIFORNIA ARTS COUNCIL INVOICE

FOR ADVANCE AND PROGRESS PAYMENTS

PART A	- CONTRACT INFO	RMATION	
DATE:_			CONTRACT NUMBER:
CONTR	RACTOR NAME/ADD	RESS:	CONTRACT PERIOD:
			INVOICE NUMBER:
			TYPE OF REQUEST: 25% ADVANCE: □ PROGRESS PAYMENT □
PART B	- ADVANCE PAYME	ENT	
CONTR	ACT AMOUNT \$		X 25% = TOTAL ADVANCE PAYMENT
PART C	- PROGRESS PAY	MENT	
 ADM TECH SU OPEI 	STIC - SALARIES INISTRATIVE - SALA INICAL - SALARIES IBTOTAL (1 + 2 + 3) RATING/PRODUCTI	ON EXPENSES	EXPENDITURES TO BE REIMBURSED BY THE CALIFORNIA ARTS COUNCIL** \$ \$ \$ \$ \$ \$ \$S \$S \$S \$S \$S \$S \$S \$S \$S
PART D - ADVANCE EXPENDITURES (Previously Reimbursed)			
DOLLA	R AMOUNT OF ADV	ANCE:	\$
 ARTI ADM TECH 	T OF EXPENDITURE STIC - SALARIES INISTRATIVE - SALA HNICAL - SALARIES SUBTOTAL (1 + 2 + RATING/PRODUCTION TOTAL EXPENDITURE	ARIES 3) ON EXPENSES	VANCE FUNDS: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
CERTIF	ICATION		
"I hereby	certify under penalty		report is in accordance with the contract approved by and the payment has not been previously received for the amount claimed
AUTHO	RIZED OFFICER (PF	RINT)	PREPARER'S PRINTED NAME
AUTHORIZED OFFICER (SIGNATURE)*** ***DO NOT USE BLACK INK			PHONE NUMBER
FOR CA	C ACCOUNTING US	SE ONLY	COUEDINE
FY	FUND	CODING	SCHEDULE
FY	FUND	CODING	SCHEDULE
SIGNATURE			DATE

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE